# SOAR Referral Form

| | | | |
|---|---|---|---|
| **Client's Name:** | | **Date of Birth:** | |
| **Phone:** | | **SSN:** | |
| **Race:** | | **Ethnicity:** | **Hispanic___ Not Hispanic___** |
| **Gender:** | | | |
| **Address:** | | **Mailing Address:** *(if different)* | |

| **A. List of Mental Health Diagnoses:** | | |
|---|---|---|
| | | |
| | | |
| **B. List of Physical Diagnoses:** | | |
| | | |

| **C. Housing Status:** | **Length/History of Homelessness:** |
|---|---|
| **Street Homeless___ Shelter___ Renting with subsidy ___ Renting without subsidy____ Other (explain)____:** | |

**E. Please mark if client is currently in active mental health treatment.**

- ☐ Yes **Where the client being treated at:** _____ **Length of treatment:** _____
- ☐ No

**F. Individual is currently exhibiting the following symptoms of mental illness(es)**

- ☐ Psychotic Symptoms
- ☐ Depressive Symptoms (decreased energy, lack of motivation, suicide attempts)
- ☐ Manic Symptoms (racing or disorganized thoughts)
- ☐ Anxious Feelings (paranoia, nervousness)
- ☐ Cognitive Deficits (brain injury, problems with concentration, memory, etc.)
- ☐ History of Trauma (history of abuse, post traumatic stress disorder, etc.)
- ☐ Other_____

**G. For Applicants with a mental illness, do they experience restriction in the following functional areas (Check all that apply-This is needed to support client's level of disability)**

- ☐ Activities of daily living (personal hygiene, cooking, cleaning, navigating transportation)
- ☐ Social Functioning (getting along with others, anger, avoidance, etc.)
- ☐ Concentration, persistence, and pace (do they have trouble completing tasks in these areas?)
- ☐ Repeated Episodes of Decompensation (hospitalizations, incarcerations, losing jobs/housing, etc.)

| | | | |
|---|---|---|---|
| **Referring Agency:** | | **Date Submitted:** | |
| **Referral's Name:** | | **Phone Number:** | |
| **Email:** | | **SOAR NOTE:** | |
| **Please submit completed referral to:** | **SOAR Benefit Specialist** SOAR@vnacs.org **or Fax: 215-754-0974** | | |

Updated 3/31/2022